

Payment Transaction Form for Schools Cal Grant/Graduate Fellowship Programs

School use
Award year
19__ to 19__



This form allows schools to report grant payment transactions as a supplement to the Grant Roster. It is not to be used in place of the Grant Roster.

Mail completed form to: **California Student Aid Commission, P.O. Box 510621, Sacramento, CA 94245-0621.**

Please read instructions on the reverse side before completing form. Please type or print clearly. Complete award year box above.

I. STUDENT INFORMATION

1. Last name	First	MI	2. Birth date (mo/day/yr)	3. Social Security number
				<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Program code (check one):			5. For the award year indicated above, this student is a (check one):	
<input type="checkbox"/> Cal Grant A <input type="checkbox"/> Cal Grant B <input type="checkbox"/> Cal Grant C <input type="checkbox"/> Graduate Fellowship			<input type="checkbox"/> New recipient <input type="checkbox"/> Renewal recipient	
6. Grant ID number				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

II. STUDENT UPDATE INFORMATION

7. Action code (check one):	8. Housing status (check one)
<input type="checkbox"/> Add <input type="checkbox"/> Update	<input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus <input type="checkbox"/> With parents/relatives

9. For Renewals only: Need \$ _____ .00 Adjusted need \$ _____ .00

10. Total academic year award \$ _____ .00

11a. FALL

	Adjusted	Adj Reason	Pay Status
Fall total \$ _____ .00	****	****	_____
Tuition/fees \$ _____ .00	\$ _____ .00	_____	_____
Subsistence \$ _____ .00	\$ _____ .00	_____	_____
Books & supplies \$ _____ .00	\$ _____ .00	_____	_____

11b. WINTER

	Adjusted	Adj Reason	Pay Status
Winter total \$ _____ .00	****	****	_____
Tuition/fees \$ _____ .00	\$ _____ .00	_____	_____
Subsistence \$ _____ .00	\$ _____ .00	_____	_____
Books & supplies \$ _____ .00	\$ _____ .00	_____	_____

11c. SPRING

	Adjusted	Adj Reason	Pay Status
Spring total \$ _____ .00	****	****	_____
Tuition/fees \$ _____ .00	\$ _____ .00	_____	_____
Subsistence \$ _____ .00	\$ _____ .00	_____	_____
Books & supplies \$ _____ .00	\$ _____ .00	_____	_____

11d. SUMMER

	Adjusted	Adj Reason	Pay Status
Summer total \$ _____ .00	****	****	_____
Tuition/fees \$ _____ .00	\$ _____ .00	_____	_____
Subsistence \$ _____ .00	\$ _____ .00	_____	_____
Books & supplies \$ _____ .00	\$ _____ .00	_____	_____

III. SCHOOL CERTIFICATION (must be completed by school for all students)

The information reported on this form is consistent with the data used to establish the student's eligibility for Federal Title IV aid and institutional funds. The institution certifies that the appropriate documentation substantiating these changes is maintained by the institution as part of the student's financial aid record. I understand that data revision requests will not be reviewed until award decisions have been calculated.

The information reported above is true and correct to the best of my knowledge.

12. Name of school	13. USDE school code	14. Date
15. Name and title of school official completing form	16. Signature of school official completing form	17. Phone number ()

CSAC USE

Initials

Instructions for Completing the Payment Transaction Form for Schools

All numbered sections on this form must be completed as indicated below. Please type or print clearly. Remember to complete award year box. For more complete instructions please see the California Grant Programs Manual.

Section I: Student Information

1. Enter the student's name (last, first, middle initial).
2. Enter the student's date of birth (month, day, year).
3. Enter the student's Social Security number.
4. Enter the correct Program code. This form may not be used to change a student's grant program.
5. Check "New recipient" if the student did **NOT** receive a Cal Grant or State Graduate Fellowship for the previous award year. Check "Renewal recipient" if the student received a Cal Grant or a State Graduate Fellowship for the previous year.
6. Enter the student's nine-digit grant identification number as it appears on the CAR or Renewal letter. Remember to begin with the alpha character C or G.

Section II: Student Update Information (Refer to the California Grant Programs Manual for detailed instructions)

7. Action Codes: Transactions reported without an action code will **NOT** be processed.
Check the Add box to add a student's complete record to the eligible section of the Grant Roster when the student does not already appear on the roster.
Check the Update box to update a student's record when the student's name already appears on the Grant Roster.
8. Check the appropriate box that indicates the student's living arrangements originally determined by information provided on the recipient's FAFSA.
9. For **Renewal** recipients only — provide the unmet need and/or adjusted unmet need for the entire award year.
10. This is the student's total award for the year. It is intended for school use only.

All amounts must be rounded to the nearest dollar.

11a-d. Total: This figure is the total term award the recipient is eligible to receive.

Tuition/Fees: This figure is the total award the recipient is eligible to receive for tuition/fees.

Subsistence: This figure is the total term award a Cal Grant B recipient is eligible to receive for living expenses, transportation, supplies and books.

Books and Supplies: This figure is the total term award a Cal Grant C recipient is eligible to receive for books and supplies.

Adjusted: Schools must complete this field with a dollar amount if they are disbursing an amount that differs from the term payment indicated.

Adj. Reason: This code represents the reason a student was not eligible to receive a full term payment.

Pay Status: This field is used to indicate the recipient's payment status.

For more complete instructions, refer to the California Grant Programs Manual.

Section III: School Certification (must be completed by school for all students)

12. Enter school name. Do not abbreviate.
13. Enter the USDE six- or eight-digit code for your institution.
14. Enter the date this form is completed.
15. Provide the name and title of the school official completing this form.
16. The school official completing this form **MUST** sign in this space.
17. Enter the telephone number, including area code, of the school official who can answer questions regarding this information.

The Commission will process the G-22 form and any resulting changes will be reported to your school through the Grant Roster. The Commission will not return a copy of the G-22 form to the school to explain the actions taken. The Accepted/Rejected Transaction Report will serve that purpose. Send the white copy to the Commission and retain the pink copy of this form for your records. Awards are made subject to appropriation of budget funds in the state budget for the award year.